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## \*BIBDATASHEET\*

CONFIRMATION NO. 4672

Bib Data Sheet

|   |   |                                    |   |  |                                |
|---|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/049,692  | <b>FILING OR 371(c) DATE</b><br>07/15/2002<br><b>RULE</b>   | <b>CLASS</b><br>424                | <b>GROUP ART UNIT</b><br>1615   | <b>ATTORNEY DOCKET NO.</b><br>50165/013001 |                                |
| <b>APPLICANTS</b><br>Thomas Ciaran Loughman, Dublin, IRELAND;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IE00/00099 08/14/2000<br><b>** FOREIGN APPLICATIONS *****</b><br>IRELAND 990700 08/18/1999   |   |                                    |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>IRELAND | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>7                   | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>Brian R Morrill Esq<br>Biomeasure Incorporated<br>27 Maple Street<br>Milford ,MA 01757-3650   |   |                                    |   |  |                                |
| <b>TITLE</b><br>Process to make a sustained release formulation   |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1020  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |